



**ANNUAL SURPLUS LINES PREMIUM TAX REPORT
PART ONE
SUMMARY REPORT
FOR CALENDAR YEAR 2003, DUE MARCH 1, 2004**

Federal EIN #: _____	<i>If information differs from that listed, indicate changes below:</i>
Agency: _____	_____
Contact: _____	_____
Address: _____	_____
_____	_____
_____	_____
Phone: _____	_____

INSTRUCTIONS

According to 18 Del. C., §§702, 707 and §1917, a premium tax of two percent (2%) is due for risks located in the State of Delaware.

Negative or Zero reports are required to be filed. This report must be completed and returned on or before March 1, 2004.

PART I: The Department uses these figures to determine the percentage of total surplus lines premium attributed to fire insurance when calculating the amounts to be distributed to volunteer fire departments in accordance with 18 Del. C., §705.

Enter **by location of risk** the total volume of surplus lines insurance written by your office in 2003.

List the total premium volume for all lines, *including fire*, in Column 1. List fire premiums separately in Column 2.

	1. Total Premiums	2. Fire Premiums
City of Wilmington	\$ _____	\$ _____
New Castle County (less the City of Wilmington)	\$ _____	\$ _____
Kent County	\$ _____	\$ _____
Sussex County	\$ _____	\$ _____
2003 TOTAL	\$ _____	\$ _____

AFFIDAVIT

I, _____, SSN _____, hereby state that the information
(Printed Name of Licensee)

contained in the above report is true and correct to the best of my knowledge and belief.

Signature of Broker (licensee listed above)

Date

Title

Telephone Number

Reporting Agency: _____

EIN #: _____

ANNUAL SURPLUS LINES PREMIUM TAX REPORT
PART II
MONTHLY TAX SUMMARY FOR ALL LINES

PART II: Enter total premiums **by month** for all surplus lines insurance business written by your office during 2003.
 Note: *Amounts entered should match each month's SLB-M1: Surplus Lines Broker's Monthly Report.*

MONTH	AMOUNT OF PREMIUM	2% TAX AMOUNT	AMOUNT PAID	BALANCE DUE
January	\$ _____	\$ _____	\$ _____	\$ _____
February	\$ _____	\$ _____	\$ _____	\$ _____
March	\$ _____	\$ _____	\$ _____	\$ _____
April	\$ _____	\$ _____	\$ _____	\$ _____
May	\$ _____	\$ _____	\$ _____	\$ _____
June	\$ _____	\$ _____	\$ _____	\$ _____
July	\$ _____	\$ _____	\$ _____	\$ _____
August	\$ _____	\$ _____	\$ _____	\$ _____
September	\$ _____	\$ _____	\$ _____	\$ _____
October	\$ _____	\$ _____	\$ _____	\$ _____
November	\$ _____	\$ _____	\$ _____	\$ _____
December	\$ _____	\$ _____	\$ _____	\$ _____
2003 TOTAL	\$ _____	\$ _____	\$ _____	\$ _____

PAYMENT SUBMITTED WITH RETURN _____ **\$ _____**
 (Make check payable to *Delaware Insurance Department*)

MAILING INSTRUCTIONS

Send completed report, along with check (if applicable) to:

Delaware Insurance Department
Surplus Lines Tax Collection
841 Silver Lake Boulevard
Dover, Delaware 19904-2465

All questions should be directed to:

Mrs. Ann Fletcher,
Premium Tax Coordinator
Ann.Fletcher@state.de.us